



Grant Reimbursement Request Form

Date: _____

Grantee Name: _____

PO ID from Grant Agreement: _____

We are requesting reimbursement in the amount of \$ _____ for work completed on the _____ project, according to the terms of the Grant Agreement.

Please check one of the following boxes:

- ☐ Attached are eligible invoices. This is not the final reimbursement request
- ☐ Attached are eligible invoices and a final report. This is the final reimbursement request

This project is _____% complete.

I confirm that to the best of my knowledge, all statements made and the information provided for this reimbursement are true and correct.

Organization

By: _____

Authorized Representative (1)	Title	Date
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Authorized Representative (2)	Title	Date
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Please complete the information above and mail or e-mail the form as follows:

Program	Administrator	E mail address	Mailing address
Application Fund Comprehensive Plan Development Partnership School Bonds	Whitney Ridlon	Whitney.Ridlon@state.mn.us	P.O. Box 441 Eveleth, MN 55734
Commercial Redevelopment Community Infrastructure Development Infrastructure	Chris Ismil	Chris.Ismil@state.mn.us	
Culture & Tourism Film Incentive	Mary Somnis	Mary.Somnis@state.mn.us	
Residential Redevelopment	Lori Spielman	Lori.Spielman@state.mn.us	
LVP Innovation	Jim Plummer	Jim.Plummer@state.mn.us	1003 Discovery Dr. Chisholm, MN 55719
Mining Impact Mining Reinvestment Drilling Incentive	Dan Jordan	Dan.Jordan@state.mn.us	

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When you complete the form and click on the e-mail address for the proper administrator, the completed form should automatically upload to your e-mail. Please remember to also attach invoices to the e-mail (and a final report if it is a final reimbursement request).